FOR INSTRUCTIONS, SEE BACK OF FORM

File with:

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** Ed Sass for Supervisor DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Ed Sass Democrat Computer Office Sought District (if Senate or House) Audited Supervisor Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED I AM FILING A 10/19/2014 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # (report date) ☐ CHECK IF AMENDMENT TO REPORT DATED _ Local Committees, enter Date of Election 1-4-14 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held BenTON STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 0.00 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 1,060.00 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions,	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

Reset Form	SCHEDULE	
	A (Rev. 12/13)	MONETARY RECEIPTS
		CK THIS BOX IF

COMMITTE	ENAME	(Must be same	2 22 2 2	tatement of Organization)
	Ed	Sale		
	70	2055	tor	Super Visan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

(MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND RAISE
9/25/14	ID# 9010 CK# ? .2561	Benton County Democrats Benton County	My Party	\$ 500,00	INCOM
10/3/14	CK# Cash	Ed Sass self 6505 32nd Ave Shellsburg 1A 52332	My Party Self	560,00	
	CK#				
	ID# CK#				
	ID#				
	CK#				
	CK#				
	ID# CK#			L	
	ID#				
	CK#				
	ID# CK#				
	ID#				
	CK#				
			SUB-TOTAL \$ le of this schedule)	1060,00	

Page _____ of ____ familial relationship,

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA COMMITTEE NAME (Must be

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

COMINI	NAME (Must be	e same as on Statement of Organization)		
	U 5455 }	Supervisor		
DATE EXPENDE (MM/DD/Y	ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4200	ID#	Plece	elle	080x
10/02/14	ID#	Vinton Live wire 108 E. 5th St Vinton H 52349 The Star Press Union	Supervisor Add for 4 weeks	360,00
8 5 14		P.O. Box 208 Belle Plaine 1A 52208 A Advertising And Supply 7630 Cass St.	Supervisor Add for 4 weeks	256.00
0101.1	ID#	Om4ha NE 68114	100 Sighs 100 wires For Ed Sass for Supervisor	444.00
	ID#			
	ID# CK#			
	ID#			
		Т	SUB-TOTAL OTAL (if last page of this schedule)	\$ 1060.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

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Page	of	
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COMMITTEE	NAME (Must be same as on Statement of Organization)	S	CHEDULE
NOTE: Debts	Drevious for Supervisor	(1)	D INCURRE INDEBTEDN
	previously reported that remain unpaid must be included on life, as well as any new obligations incurred in this period.	Reset Form	CHECK THIS BO IF AMENDING FORM
Parameter Control of the Control of	IGATIONS REMAINING THIS REPORTING PE CLUDE LOANS SHOW LOANS ON SCHEDU	LE F) goo	"incurred debt" is a debt for ids or services ordered or pived, but not paid for by the of the reporting
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR	ardless of whether an involution received BALANCE OWED A
τ -		PURCHASED	CLOSE OF REPORTING PERIOD*
10 3 14	Ed Sass 6505 32nd Ave Shellsburg 1A 52332	Supervisor adds	
No.	Shellsburg 1A 52332	Supervisor adds in paper	116,00
	TOTAL DEBTS OWED BY COMMITTEE AT THE	SUB-TOTAL \$ END OF THIS REPORTING PERIOD \$	
	show "estimated" beside the figure.		116.00
IDATE COMMITTEES I	NOTE:	Page(f	or Schedule D)

CANDIDATE COMMITTEES NOTE:
Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or irganizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.